

Name	Employer ID No.
Tax Period	Permit Number

Page	of
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TAX EXEMPT CIGARETTE SALES TO OTHER WHOLESALERS

	INVOICE DATE	INVOICE NUMBER	CUSTOMER NAME	CITY	PERMIT NUMBER	NUMBER OF CIGARETTES
			Bring the balance forward from previous page CG 1503B ----->			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21					TOTAL	>

If this is NOT the last page of CG 1503B, carry the total forward to the NEXT PAGE of CG 1503B.

If this is the LAST PAGE of CG 1503B, enter the total on CG 1550, line 9.